



ATTN: Bob Sweeney  
United States Marshals Service  
100 South Clinton Street  
Syracuse, NY 13261

November 4, 2020

Subject: Writ of Execution, Case No.: 5:19-CV-1310 (MAD/ATB)


Please note all funds in the defendant's account are covered under the New York State "exemption notice". At this time, no funds have been restrained in any accounts held by any of the defendants listed.

Thank you

**Dylan Stocking**  
Fraud Prevention Specialist  
Northern Credit Union  
120 Factory Street  
Watertown, NY 13601  
P 315.777.8969  
[www.mynorthern.com](http://www.mynorthern.com)

Compliance & Fraud Prevention Team  
P 315.777.8960  
F 315.779.3072  
[dlcomplianceandfraudprevention@mynorthern.com](mailto:dlcomplianceandfraudprevention@mynorthern.com)

## WRIT OF EXECUTION

<b>United States District Court</b>		<b>DISTRICT</b> <b>Northern District of New York, Albany Division</b>	
TO THE MARSHAL OF: <b>Northern District of New York, Albany Division</b>			
YOU ARE HEREBY COMMANDED, that of the goods and chattels, lands and tenements in your district belonging to:			
NAME <b>Debra Henderson, with a physical address of 23891, N.Y.S. Route# 342, Watertown, NY 13601-5161;</b> <b>John Henderson, with a physical address of 1002 Courtland Lane, Archdale, NC 27263; and</b> <b>Boom Media LLC, with a former business address of 1002 Courtland Lane, Archdale, NC 27263.</b>			
you cause to be made and levied as well a certain debt of:			
DOLLAR AMOUNT <b>Judgment in the amount of \$3,333,000.00 in favor of the plaintiffs, DISH</b> <b>Network L.L.C. and NagraStar LLC</b>			
Date of Judgment: <b>May 19, 2020</b>		Case No.: <b>5:19-CV-1310 (MAD/ATB)</b>	
In the United States District Court for the <u>Northern</u> District of <u>New York</u> , before the Judge of the said Court by the consideration of the same Judge lately recovered against the said, <b>Debra Henderson, John Henderson and Boom Media LLC</b>			
and also the costs that may accrue under this writ. And that you have above listed moneys at the place and date listed below; and that you bring this writ with you.			
PLACE <b>U.S. District Court, James T. Foley U.S. Courthouse 445 Broadway, Suite 509</b>		DISTRICT <b>Northern District of New York, Albany Division</b>	
CITY <b>Albany, NY 12207</b>		DATE <b>September 10, 2020</b>	
Witness the Honorable <i>[Signature]</i> U.S. District Judge (United States Judge)			
DATE <b>September 10, 2020</b> <i>[Signature]</i> 		CLERK OF COURT <b>John M. Domurad, Clerk</b> (BY) DEPUTY CLERK <b>s/Britney Norton</b>	
RETURN			
DATE RECEIVED		DATE OF EXECUTION OF WRIT	
This writ was received and executed.			
U S MARSHAL		(BY) DEPUTY MARSHAL	

**“EXEMPTION NOTICE”**

**As required by New York Law**

**YOUR BANK ACCOUNT IS RESTRAINED OR “FROZEN”**

The attached Restraining Notice or notice of Levy by Execution has been issued against your bank account. You are receiving this notice because a creditor has obtained a money judgment against you, and one or more of your bank accounts has been restrained to pay the judgment. A money judgment is a court's decision that you owe money to a creditor. You should be aware that FUTURE DEPOSITS into your account(s) might also be restrained if you do not respond to this notice.

You may be able to “vacate” (remove) the judgment. If the judgment is vacated, your bank account will be released. Consult an attorney (including free legal services) or visit the court clerk for more information about how to do this.

Under state and federal law, certain types of funds cannot be taken from your bank account to pay a judgment. Such money is said to be “exempt.”

**Does Your Bank Account Contain Any Of The Following Types Of Funds?**

- |  |   |
|--|---|
| 1. Social security;  | 9. Disability benefits;   |
| 2. Social security disability (SSD);                       | 10. Income earned in the last 60 days (90% of which is exempt); |
| 3. Supplemental security income (SSI);                     | 11. Workers' compensation benefits;                             |
| 4. Public assistance (welfare);                            | 12. Child support;  |
| 5. Income earned while receiving SSI or public assistance; | 13. Spousal support or maintenance (alimony);                   |
| 6. Veterans benefits;                                      | 14. Railroad retirement; and/or                                 |
| 7. Unemployment insurance;                                 | 15. Black lung benefits.  |
| 8. Payments from pensions and retirement accounts;         |   |

If YES, you can claim that your money is exempt and cannot be taken.

To make the claim, you must:

- (a) complete the **EXEMPTION CLAIM FORM** attached;
- (b) deliver or mail the form to the bank with the restrained or “frozen” account; and
- (c) deliver or mail the form to the creditor or its attorney at the address listed on the form.

You must send the forms within 20 DAYS of the postmarked date on the envelope holding this notice. You may be able to get your account released faster if you send to the creditor or its attorney written proof that your money is exempt. Proof can include an award letter from the government, an annual statement from your pension, pay stubs, copies of checks, bank records showing the last two months of account activity, or other papers showing that the money in your bank account is exempt. If you send the creditor's attorney proof that the money in your account is exempt, the attorney must release that money within seven days. You do not need an attorney to make an exemption claim using the form.”

U.S. District Court, Northern District of New York

Court Case Number: 5:19-cv-01310-MAD-ATB

DISH NETWORK L.L.C. and  
NAGRASTAR LLC

**EXEMPTION CLAIM FORM**

PLAINTIFF

V.

JOHN HENDERSON, DEBRA  
HENDERSON and BOOM MEDIA LLC

DEFENDANT

—x

ADDRESS A

Timothy M. Frank, Esq.  
Hagan Noll & Boyle, LLC  
Two Memorial Plaza  
820 Gessner, Suite 940  
Houston, Texas 77024

ADDRESS B

Northern Credit Union  
120 Factory St.  
Watertown, New York 13601

Directions: To claim that some or all of the funds in your account are exempt, complete both copies of this form, and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice.

**\*\*If you have any documents, such as an award letter, an annual statement from your pension, paystubs, copies of checks or bank records showing the last two months of account activity, include copies of the documents with this form. Your account may be released more quickly.**

I State That My Account Contains the following Type(s) of Funds (Check All That Apply):

- ☐ Social Security
- ☐ Social Security Disability (SSD)
- ☐ Supplemental Security Income (SSI)
- ☐ Public Assistance
- ☐ Wages While Receiving SSI or Public Assistance
- ☐ Veterans Benefits
- ☐ Unemployment Benefits
- ☐ Payments from Pensions and Retirement Accounts
- ☐ Income Earned in the Last 60 days (90% of which is Exempt)
- ☐ Child Support
- ☐ Spousal Support or Maintenance (Alimony)
- ☐ Workers' Compensation
- ☐ Railroad Retirement or Black Lung Benefits
- ☐ Other (Describe Exemption): \_\_\_\_\_

I Request that any correspondence to me regarding my claim be sent to the following address:

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(fill in your complete address)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

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Date

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Signature of Judgment Debtor